

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) Department of Natural Resources & Conservation Attn: Jeff Williams PO Box 201601 Helena MT 59620-1601		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 065310-17 <u>AG-0343-C-06-3013</u>	
4. CONTRACTOR a. name and address Wildland Waters LLC 8 Twilight Drive Clancy MT 59634		5. POINT OF HIRE (location at time of hire) 8 Twilight Drive Clancy MT 59634	
b. SSN or Tax ID# 61-1481932 b.1 DUNS Number 168997505		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
c. telephone number (day) 406-439-7437 (cell) 406-457-1425 (home)	d. telephone number (night) 406-439-1607 (cell) 406-457-1425 (home)	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	

8. TYPE OF CONTRACTOR (X appropriate boxes)
☒ SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☒ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY ONE OPERATIONAL PERIOD**		12. SPECIAL TWO OPERATIONAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
Portable Wash Stations (12 sinks)		\$795.00	Day			
Portable Wash Stations (12 sinks)		\$714.29	7 to 30 days			
Portable Wash Stations (12 sinks)		\$680.00	31 days +			
Mileage Delivery/Retrieval/Service Calls (over 75 mi. Radius)		\$1.50	mi.			
Additional Service Calls if requested		\$25.00	Ea.			
Mileage for Additional Service Calls if requested (75 mile radius does not apply)		\$1.50	mi.			
Reset Fee within camp		\$100.00	Ea.			

14. SPECIAL PROVISIONS

(a.) The Provisions of IFB 065310CSW and General Clauses along with replacement clauses are attached and incorporated herein. See attached DNRC General Provisions, Federal Acquisition Regulations (FAR) clauses, NRCG Supplemental Terms and Conditions to the General Clauses of the EERA, OF-294, and the Register of Wage Determination Under the Service Contract Act.

b. No service charge will be paid for the first day of delivery unless the contractor is requested to return that day to service units. There will be no pickup charge except for service and mileage the last day.

c. Reset fee: No mileage paid within the camp area. Mileage only will be charged for each trailer load if units are to be moved outside of the camp location. One day notification is required so contractor can bring required trailer for moving units.

d. For washing stations, mileage shall be calculated from the vendor's base or lodging point to the hand washing station location and return to one of the above. Service includes cleaning, sanitizing and refilling of supplies. **Grey water removal and refilling of potable water will be the governments responsibility.**

** For the purpose of this ERA, an operational period is 24 hours.

Due to the immediate needs dictated by wildland fire fighting activities, the normal procedures to document contractor deviations cannot be followed. If the contractor services/equipment fails to meet or exceed

requirements, the contracting agency may take whatever steps are necessary to obtain services/equipment which meets their needs

f. This EERA is void if not presented with a valid Incident Specific Resource Order or Number

15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <i>Kathryn J. Racewicz</i>	16. DATE <i>5-30-06</i>	17. CONTRACTING OFFICER'S SIGNATURE <i>Jeff W. Williams</i>	18. DATE <i>5/30/06</i>
19. PRINT NAME AND TITLE <i>KATHRYN J. RACEWICZ-OWNER</i>	20. PRINT NAME AND TITLE <i>Jeffry W. Williams DNRC Purchasing Agent</i>		
20A. PRINT NAME AND TITLE <i>WILDLAND WATERS LLC</i>		20B. PRINT NAME AND TITLE <i>Robert Wesselin Co</i> <small>Federal Procurement Official</small>	

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General Information

Current Registration Status: **Active in CCR**; Registration valid until 02/13/2007.

DUNS: 168997505
DUNS PLUS4:
CAGE/NCAGE Code: 35MG1
Legal Business Name: **WILDLAND WATERS LLC**
Doing Business As (DBA):
Division Name:
Division Number
Company URL:

Physical Street Address 1: **8 TWILIGHT DR**
Physical Street Address 2:
Physical City: **CLANCY**
Physical State: **MT**
Physical Zip/Postal Code: **59634-9639**
Physical Country: **USA**

Mailing Name: **WILDLAND WATERS LLC**
Mailing Address: **8 TWILIGHT DR**
Mailing Address 2:
Mailing City: **CLANCY**
Mailing State: **MT**
Mailing Zip/Postal Code: **59634-9639**
Mailing Country: **USA**

Business Start Date: **08/02/2004**

Corporate Information

Type of Organization**Other**Business Types/Grants

77 - Service Provider
A2 - Woman Owned Business
LJ - Limited Liability Company
VN - Contracts

JWOD Non-Profit Agency**No**

Goods / Services

North American Industry Classification System (NAICS)**115310 SUPPORT ACTIVITIES FOR FORESTRY**Standard Industrial Classification (SIC)**0851 FORESTRY SERVICES**Product Service Codes (PSC)

-

Federal Supply Classification (FSC)

-

Small Business Types

This information comes from the Small Business Administration and is not editable by CCR vendor

Business TypesExpiration Date**21 - Small Business**

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North American Industry Classification System (NAICS)NAICS CodeDescriptionSmall BusinessEmerging Sr
Business**115310****SUPPORT ACTIVITIES FOR FORESTRY****Yes****No**

Points of Contact

Government Business POC Primary

Name: **KATHRYN RACEWICZ**
 Address Line 1: **8 TWILIGHT DR.**
 Address Line 2:
 City: **CLANCY**
 State: **MT**
 Zip/Postal Code: **596349639**
 Country: **USA**
 U.S. Phone: **(406) 457-1425** Ext:
 Non-U.S. Phone:
 Fax: **(406) 457-1425**

Government Business POC Alternate

Name: **STEVEN RACEWICZ**
 Address Line 1: **8 TWILIGHT DR.**
 Address Line 2:
 City: **CLANCY**
 State: **MT**
 Zip/Postal Code: **596349639**
 Country: **USA**
 U.S. Phone: **(406) 439-7437** Ext:
 Non-U.S. Phone:
 Fax: **(406) 457-1425**

Past Performance POC Primary

Name:
 Address Line 1:
 Address Line 2:
 City:
 State:
 Zip/Postal Code:
 Country:
 U.S. Phone: Ext:
 Non-U.S. Phone:
 Fax:

Past Performance POC Alternate

Name:
 Address Line 1:
 Address Line 2:
 City:
 State:
 Zip/Postal Code:
 Country:
 U.S. Phone: Ext:
 Non-U.S. Phone:
 Fax:

Electronic Business POC Primary

Name: **KATHRYN RACEWICZ**
 Address Line 1: **8 TWILIGHT DR.**
 Address Line 2:
 City: **CLANCY**
 State: **MT**

Electronic Business POC Alternate

Name: **STEVEN RACEWICZ**
 Address Line 1: **8 TWILIGHT DR.**
 Address Line 2:
 City: **CLANCY**
 State: **MT**

Zip/Postal Code: 596349639
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